No. 11

## **Putting Success to Work**



IMPLICATIONS OF THE NKWANTA COMMUNITY-BASED HEALTH PLANNING AND SERVICES (CHPS) INITIATIVE

## MINISTER OF HEALTH VISITS NKWANTA

As part of his early September tour of the Volta Region, the Honourable Minister of Health, Dr. Kwaku Afriyie, paid a two-day visit to the Nkwanta District. Accompanying the Hon. Minister were senior officials of both the Ministry of Health and the Ghana Health Service. They included Mr. S. Owusu-Agyei (Acting Chief Director of the MOH), Dr. Frank Nyonator (Director of the Policy, Planning, Monitoring and Evaluation Division of GHS), Dr. Nicholas Adjabu (Biomedical and Engineering Unit, MOH), Mr. J.A. Adu (Procurement Unit, MOH), Mr. S.S. Adams (Public Relations Officer, MOH), and Dr. Nii Addo (Acting Volta Regional Director of Health Services).



Minister on an inspection of the Nkwanta Hospital

Dr. Nyonator's presentation to the Minister traced the origins of CHPS to the experimental research initiative implemented in Navrongo, known as the Community Health and Family Planning Project (CHFP). Despite the incredible success of CHFP in the northern part of Ghana, the feasibility of replicating this model of service delivery in other districts was uncertain. The Nkwanta District has demonstrated, however, that this kind of initiative can be adapted according to local needs to act as an effective mechanism in the transition to a community-based approach to health care delivery.



Overview of the Medical Village, Nkwanta

According to Dr. J. Koku Awoonor-Williams, District Director of Health Services, retraining and redeploying community health nurses to village locations began in Nkwanta in 1998. In the context of profound isolation, impoverishment, and a doctor-patient ratio 1:187,000, the district has experienced significant improvements in health since the inception of CHPS just 4 years ago. DPT3 coverage, for example, has climbed from 11% in 1996 to 74% in 2002. Dr. Awoonor-Williams emphasized the pivotal role of community mobilization and participation in the successful implementation of CHPS in the district. In addition, through the kind support of USAID, all subdistrict health centres and CHO compounds are now linked to one another, as well as to the DHA and District Hospital, by 2-way Motorola radio.

Despite the overwhelmingly positive effects of the CHPS initiative, the Director acknowledged the fundamental challenge of human development and training. Because of the absence of telephone facilities, frequency modulation radio transmissions, and television reception in the district, the difficulty of sustaining motivation and retaining nurses threatens to undermine the sustainability of the program. The district is implementing as well as exploring new incentives to attract qualified CHO and to minimize turnover; to date, such strategies include the provision of housing, the availability of short-term need-based loans, and the sponsorship of staff for further professional training.

Following a series of presentations by the DHMT, the Minister and his team attempted to visit the Bonakye CHPS zone, as well as the Damanko and Kpassa Health Centres. Just a few kilometres from Nkwanta, however, the convoy discovered that the road had been cut off for more than two weeks, obstructing passage to the northern sector of the district. After witnessing the deplorable state of the roads firsthand, the Minister reiterated his commitment to work with the Minister of Roads and Transport to find a lasting solution to this problem. Dr. Awoonor-Williams asserted that aside from impeding access, the poor road conditions and lack of adequate vehicles have made it virtually impossible for the DHMT to effectively monitor and support village-based CHO.



The road poses a barrier to health delivery

The team traveled to the Bontibor CHPS zone, where the Minister and his entourage met with CHO Ms. Beatrice Ananga and one of her Community Health Volunteers. Among the issues discussed were day-to-day CHPS activities, surveillance, referrals, data management, and community involvement and ownership.

Ms. Ananga reported that over the course of the past year, attendance at the CHC has been high, with an average of 40 cases of minor ailments treated per month. The majority of services are also offered during home visits. This includes an increasing number of family planning and counseling services. Ananga praised the community for their active involvement and commitment to supporting the initiative. Like the Director, she expressed the need for an ambulance in the district, asserting that this is necessary in order to consolidate the gains of CHPS. Ms. Ananga said that the recent provision of a 2-way radio communication system linking all CHPS zonal

headquarters has played an integral role in improving both access and quality of care. Aside from providing a 24-hr communication link between the DDHS, the CHO, and the CHPS coordinator, the 2-way radio network has facilitated collaboration among the CHO, and in this sense has promoted team building and the sharing of ideas.



Interaction with the DHMT

Those who assembled for the durbar included Assemblymen, representatives from each of the seven communities constituting the CHPS zone, TBA, chiefs, and elders. The Minister spoke about his commitment to eliminating maternal mortality: "Even one maternal death is an affront to me. It is totally unacceptable that a woman should die during childbirth." He urged Ms. Ananga and her fellow CHO to ensure that all pregnant women receive early antenatal care, with timely referral in the event of obstetric complications.

Mr. Cid Esseney, a spokesman for the community, testified that the population has reaped immense benefits from CHPS, particularly in light of the falling income levels caused by the abysmal decline in the cocoa industry. Esseney said the zone has also embraced the concept of Mutual Health Organisations (MHO) as a way to address the problem of 'cash and carry', adding that more than 20 individuals have already registered. He said the presence of the CHO in the zone has spared people from both the financial and physical strains associated with traveling to the district hospital. In response, the Hon. Minister commended the people of Bontibor and its surrounding villages for their commitment and collaboration in constructing a CHC and Pavilion for the nurse; it is this communal spirit, he said, that is the essence of the CHPS initiative.

Comments? Opinions? Suggestions? Please share your local experiences by writing to:
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